

# Prehabilitation and rehabilitation

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Programme Manager

GM Prehab4Cancer



**NHS**  
in Greater Manchester

**GMCA** GREATER  
MANCHESTER  
COMBINED  
AUTHORITY



# Prehab4Cancer & Recovery Programme: Greater Manchester

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GM Active Prehab  
Lead  
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Groves



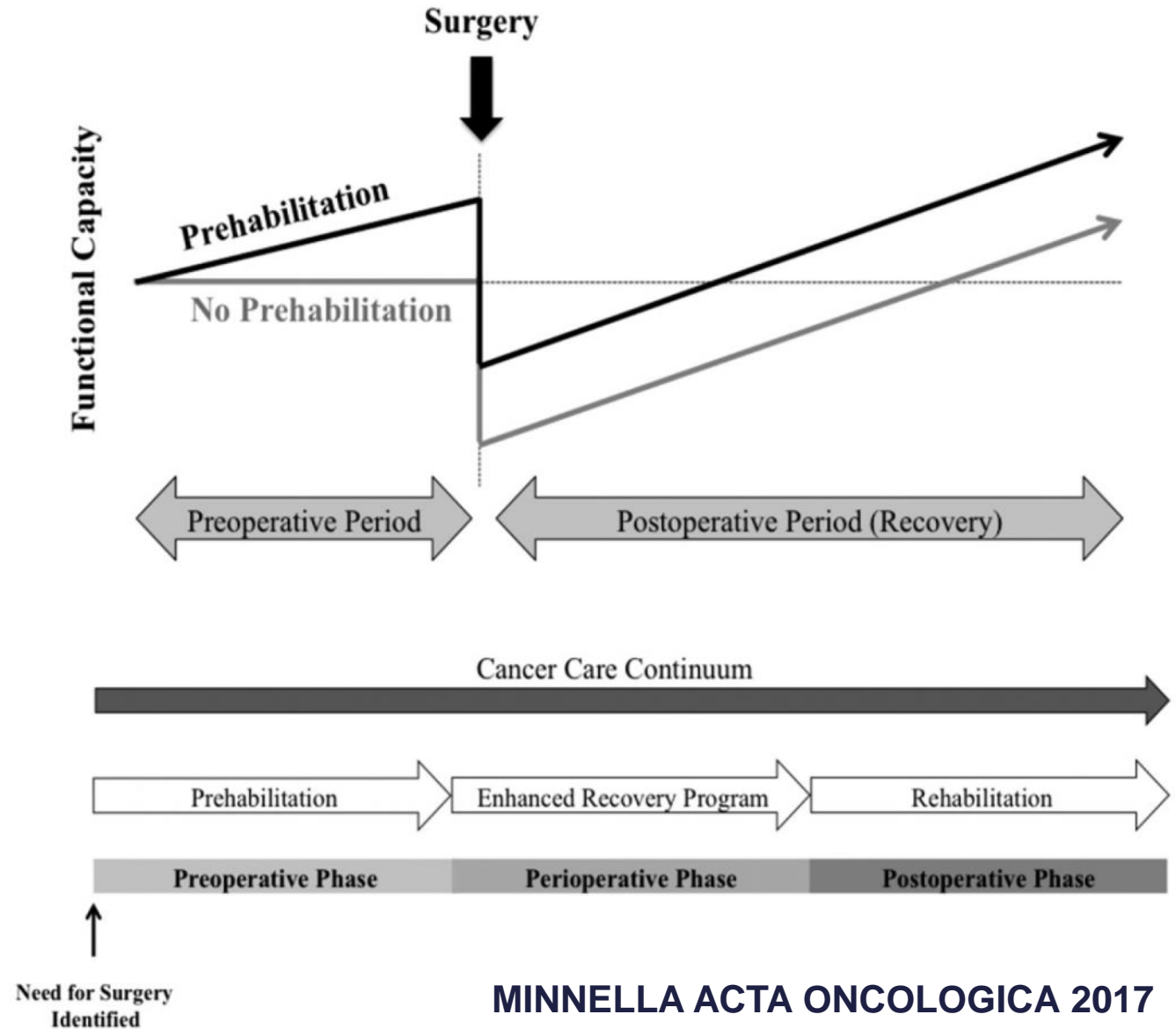
I often get the urge to exercise. But if I lie down and breathe slowly, it usually passes.





# Prehab

Preparation for planned  
body stressor



MINNELLA ACTA ONCOLOGICA 2017

# What is Prehabilitation?



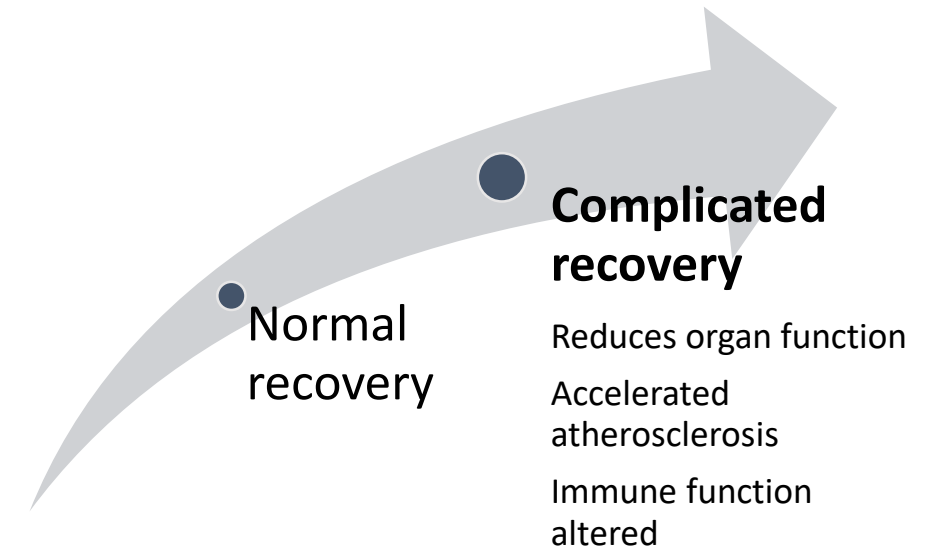
The preparation for the physiological and psychological challenges of cancer treatment

*Prehabilitation and rehabilitation are essential for reducing the future needs of people with cancer.*

*Independent Cancer Taskforce 2015 5-yr Strategy for cancer*

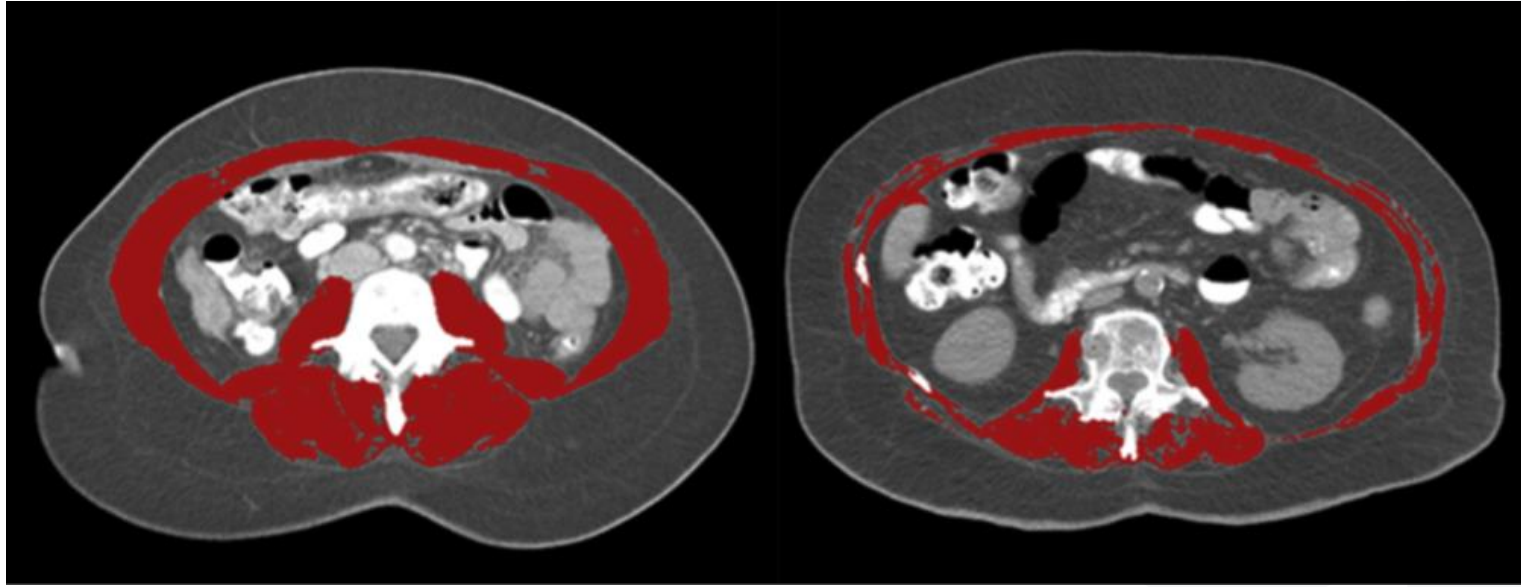
## Benefits:

- Shortened recovery
- Reduce treatment-related complications
- Improve adherence & completion of treatment
- Improve quality of life
- **Transition to lifelong habit of physical activity**





# Sarcopenia



Increased muscle  
apoptosis and reduced  
regeneration



**Associated with**

**Poorer chemo response**

**More post-op complications**

**Worse outcomes**



Greater Manchester:  
2.8 million people, 500 square miles

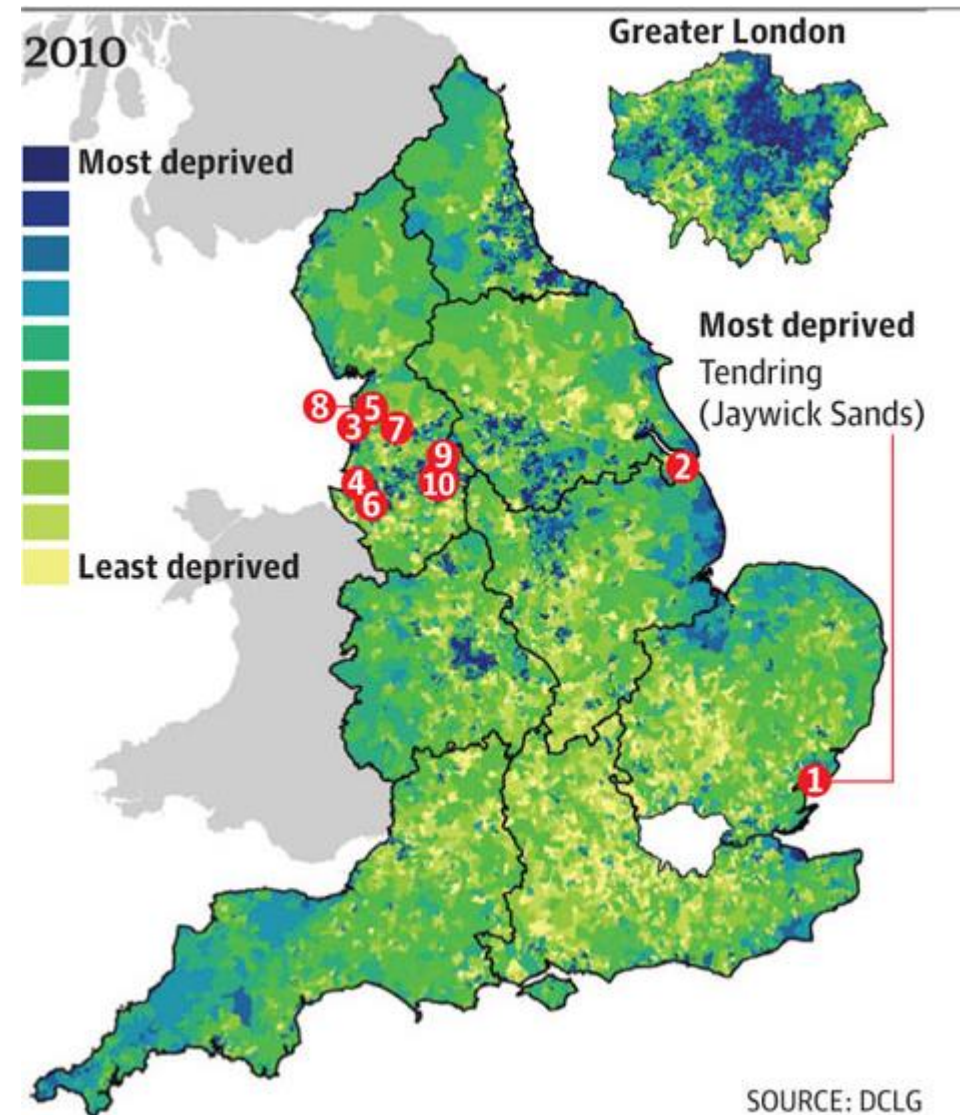


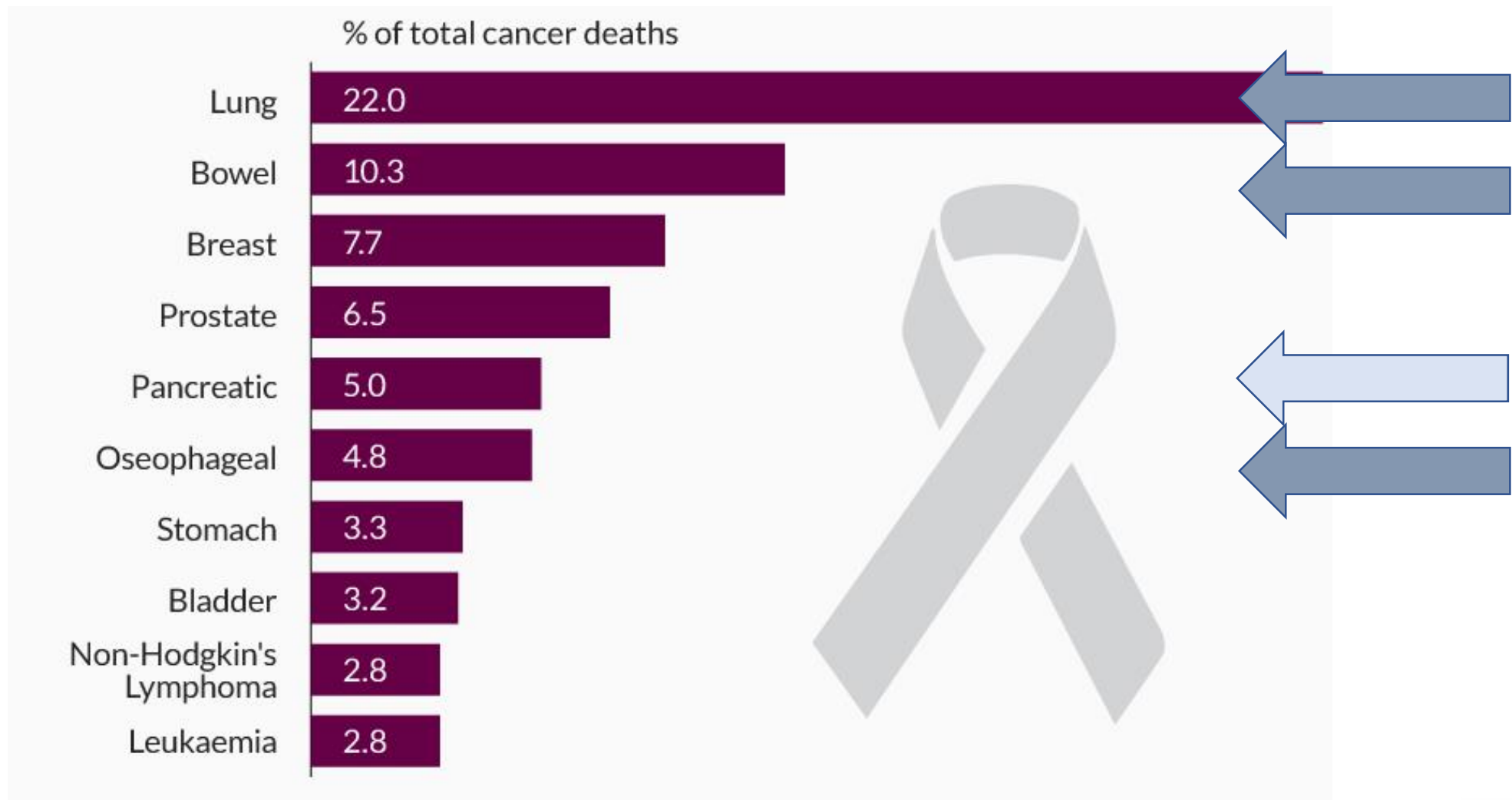
**GM health is poorer than the UK average, with more people here suffering heart disease and cancer.**

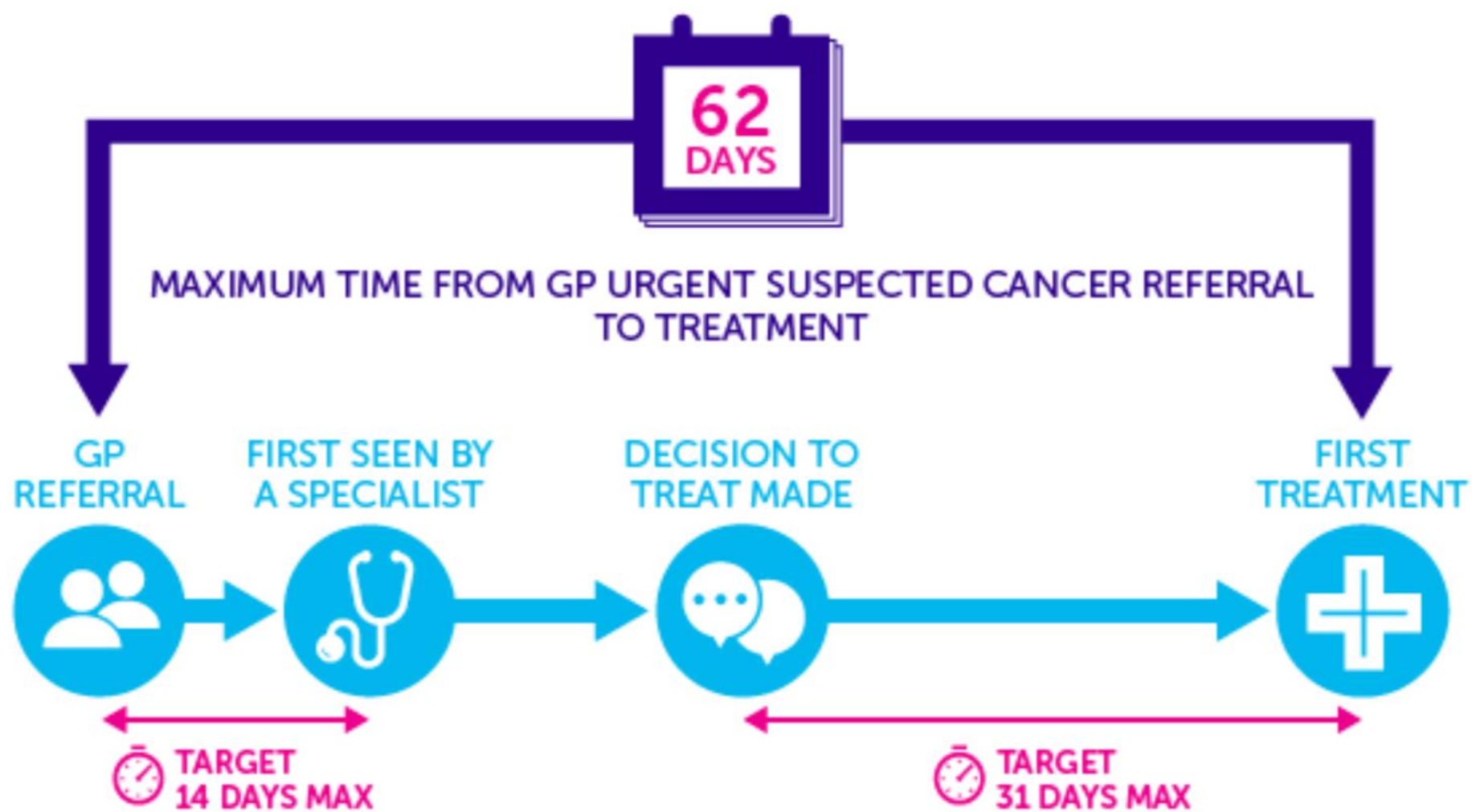
One in five people in Greater Manchester live in the one of country's most disadvantaged areas.

**More than two thirds of early deaths in our region are caused by smoking, alcohol dependency, poor diet and air pollution.**

'Invisible patients' are more common in deprived areas and present as emergencies with advanced cancers







**WE WILL BEAT CANCER SOONER**  
cruk.org







We want to gain your thoughts on a prehab and recovery programme for patients diagnosed with cancer

What is Prehab anyway?



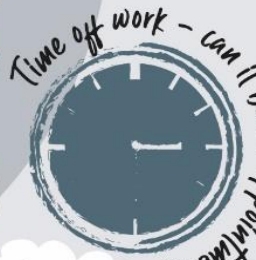
Improve surgery outcomes



I go to communal walking groups, or litter picking - there are people here who also have cancer and we understand each other



I enjoyed the gym - especially rowing



Time off work - can it be an appropriate amount



I'm already suffering from FATIGUE from treatment

Meeting the needs of all GM wide - costs, cultures and gender

No need for expensive sportswear.

NON JUDGEMENTAL

JUST WEAR LOOSE CLOTHING



EMOTIONAL BENEFITS



knowing where you're going

Amazing nurses

I'll be feeling like I'm making a contribution to my own wellbeing



Hello! WELCOME!

Thankyou for coming

Exercise program me before and after surgery,

at a gym, with a cancer - trained fitness instructor - to

If you were back at the start... How would you feel about Prehab?

Keep me involved in decisions - what exercise to avoid fatigue.

Target Setting

Part of the treatment

BUDDY SYSTEM

I'd want it to come from my oncologist - facts on outcomes for encouragement



Who should you hear it from?

swimming

What if I didn't want to do it?

Rehab



No pass or fails

Use

Yoga techniques helped me to keep in control during my scans

It would fill a void before surgery



Enjoying what you eat

SPECIALIST CANCER TRAINED PT'S - UNDERSTANDING MY ENERGY, FOOD AND ABILITY

MENTAL HEALTH AND WELLBEING

NUTRITION

SUPPORT NETWORK

TAI CHI

FREQUENCY INTENSITY DURATION

LIVING WITH AND BEYOND CANCER

SYMPATHY AND TRAINED STAFF

WEARABLE DATA

Exercise improves and addresses fatigue

Make it easy CAN DO!

FLEXIBLE

BEING WITH SIMILAR PEOPLE IN OR OUT OF THE GYM



What the evidence shows...

Exercise improves and addresses fatigue



What is important for us to consider?



Prehab4Cancer



Exercise improves and addresses fatigue



What is important for us to consider?



Prehab4Cancer



What the evidence shows...

Exercise improves and addresses fatigue



What is important for us to consider?



Prehab4Cancer





Greater  
Manchester  
**Cancer**





# Lung Surgical Pathway

## Patient Journey

### Surgical Pathway

Refer patients as soon as possible for prehab. If shuttle walk >250m at local hospital refer to prehab immediately

Possible early stage lung cancer diagnosis  
Possible surgical candidate

If shuttle walk <250m await CPET prior to prehab referral. This will help prevent inappropriate referrals to community exercise teams

Incremental Shuttle Walk Test\*  
As per GM diagnostic algorithms

Check DASI NTproBNP  
If available / participating in research

>400 Metres

Vo2max >15mls/kg/min

250-400 Metres

Vo2max 10-15mls/kg/min

<250 Metres

CPET

Vo2max <10mls/kg/min

GM Active Prehab referral

Prehab

Universal Pathway  
Do NOT delay surgery for prehab

Free gym membership  
Nutritional advice  
Self-managed exercise prescription  
Weekly support aiming for 3x HIT

Prehab

Targeted Pathway  
Consider a minimum of 9 HIT sessions / 3 weeks prehab prior to surgery

Free gym membership  
Nutritional advice  
Supervised exercise prescription  
3x weekly HIIT

Shared decision making

Specialist Pathway

Poor CPET  
Unlikely surgical candidate  
Review treatment options  
Specialist Prehab

### Other pathways:

- Oesophago-gastric pathway  
*Neo-adjuvant chemotherapy*
- Colorectal pathway  
*Neo-adjuvant chemoradiotherapy*

### Funding:

2000 patients prehab and rehab  
Universal & targeted pathways

*Always the ambition of the project to expand to lung oncology patients*

Steering group chair – Wendy Makin  
(Medical Director at the Christie)  
People affected by cancer

# Who we are



Greater Manchester  
Moving > ^ < v





# Path of least resistance





# GM ACTIVE – Core Team



**Programme Manager – Kirsty Rowlinson-Groves**



**Team administrator**

**P4C Specialist  
Rob Mentha**  
*Wigan &  
Stockport*

**P4C Specialist  
Jack Murphy**  
*Salford &  
Trafford*

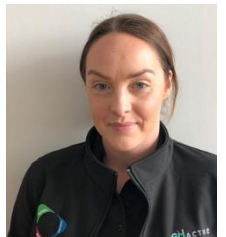
**P4C Specialist  
SJ Hurst**  
*Oldham &  
Rochdale*

**P4C Specialist  
Karly Baguley**  
*Bolton &  
Bury*

**P4C Specialist  
Ash Rowlands**  
*Manchester &  
Tameside*



**2 x Level 3 Gym Instructors –  
Eilish Senior; Stuart Barker; Leanne Thetford**








# Psychosocial Support

**STEPPED CARE MODEL  
(NICE 2009)  
Upskilling + Reflective  
sessions**



Level	Group	Assessment	Intervention
1	All the health and social care professionals	Recognition of psychological needs	Effective information giving compassionate communication and general psychological support. Solution focused.
2	Health and social care professionals with additional expertise	Screening for psychological distress	Psychological techniques such as problem solving, fatigue management etc.
3	Trained and accredited professional	Assessed for psychological distress and diagnosis of some psychopathology	Counselling and specific psychological interventions such as anxiety management and solution-focused therapy, delivered according to explicit theoretical framework
4	Mental health specialists	Diagnosis of psychopathology	Specialist psychological and psychiatric interventions such as psychotherapy, including cognitive behavioural therapy (CBT)

# Nutrition

		Nutritional Risk Category	Risk Alerts	Action
Action Plan 1		Low	<b>None</b> <ul style="list-style-type: none"> <li>• Healthy Bmi</li> <li>• Stable weight</li> <li>• High IDDSI</li> <li>• No appetite concerns</li> <li>• PGSGA 0-1</li> </ul>	<ul style="list-style-type: none"> <li>• Continuous monitoring</li> <li>• General advice leaflet given</li> </ul>
Action Plan 2		Medium	<b>One of the Following</b> <ul style="list-style-type: none"> <li>• <math>\geq 1\%</math> weight loss in past fortnight</li> <li>• Drop in IDDSI Score</li> <li>• Drop in food take to <math>&lt;75\%</math> normal</li> <li>• PGSGA 2-3</li> </ul>	<ul style="list-style-type: none"> <li>• Give Diet sheet</li> <li>• Raise concern with Clinical team</li> <li>• Monitor closely</li> </ul>
Action Plan 3		High	<b>One of the following</b> <ul style="list-style-type: none"> <li>• BMI <math>\leq 20\text{kg/m}^2</math></li> <li>• <math>\geq 10\%</math> weight loss past 3-6 months</li> </ul> <b>Two of the Following</b> <ul style="list-style-type: none"> <li>• <math>\geq 5\%</math> weight loss in past month</li> <li>• Drop in IDDSI</li> <li>• Drop in food intake to <math>&lt;75\%</math> normal</li> <li>• PGSGA 4-8</li> </ul>	<ul style="list-style-type: none"> <li>• Give high risk diet sheet</li> <li>• Highlight concern to CNS/Parent Team and monitor outcome</li> <li>• Patient to contact dietician if known</li> <li>• <i>P4C team can contact nutrition subgroup lead for advice</i></li> </ul>

# Assessment Locations



17 Assessment Clinics set up and running across Greater Manchester



Each borough of Greater Manchester hosts 1-3 assessment clinics based on population make up and referral numbers

Assessment Clinics Within 5 miles of residential postcode but we also host Adhoc sessions where needed

Exercise sessions can take place in one of the 80+ GM active leisure centres



# Assessment Clinic Overview



## Functional Capacity

- ISWT or 6 Min Walk
- Hand Grip Dynamometry
- 1 Minute Sit to stand

## Questionnaires

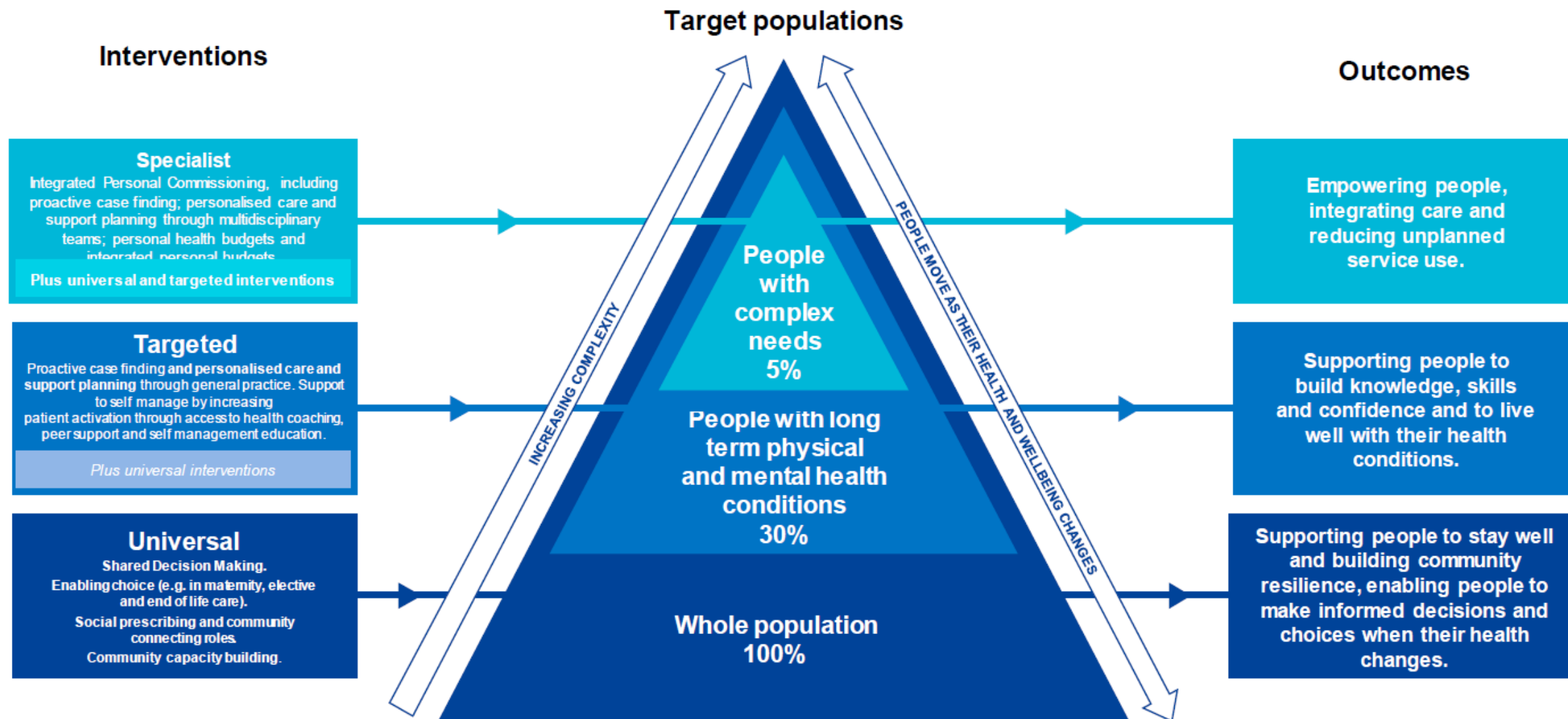
- EQ5D-5L
- IPAQ
- Self Efficacy Scale
- Rockwood Frailty
- PGSGA
- WHODAS 2.0
- EORTCQLQ-C30

## Health checks

- Blood pressure
- Height
- Weight
- Resting HR
- Oxygen stats
- PG-SGA

# Comprehensive Personalised Care Model

All age, whole population approach to Personalised Care



# Programme Model - Surgical



Prehab *up to 12 weeks*

Rehab *12 weeks*

Lung

Colorectal

Upper  
GI

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## Supervised

- 3 monitored sessions per week
- Intensity/Duration/Mode prescribed by specialist

## Universal

- 1-1 session with specialist to prescribe exercise programme
- Weekly progress updates
- Independent exercise at local leisure centre

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## Post Surgery update

- Contact 4 – 6 weeks post
- Establish plan of action for commencing rehab with Post Op Assessment

## Patient centred Rehab

- 12 week pass to local gym
- Prescribed exercise programme and supported sessions with specialist
- Signposted to local community activities to promote long term exercise adherence and improvement of health
- Positive exit strategy

# Lung Cancer Prehab Pathway

## Patient Journey



*Refer eligible patients as early as possible in the pathway, once patient has been informed of the diagnosis of cancer\**

Lung cancer with curative intent treatment options including surgical resection and curative intent oncology treatments (SABR, radical radiotherapy chemoradiotherapy)

AND:

1. Performance status 0-2
2. Clinical frailty score  $\leq 5$
3. Consultant assessment to confirm suitability for prehab

*Include any hospital-based functional testing results with the referral*

*\*The point of referral is ideally after MDT discussion with a confirmed diagnosis of lung cancer & a curative intent treatment plan. Referral can occur earlier if the patient is fully aware of the diagnosis and treatment plan.*

**Online Prehab4cancer referral**  
Provide prehab4cancer leaflet and signpost to website [www.prehab4cancer.co.uk](http://www.prehab4cancer.co.uk)

**Prehab4cancer assessment clinic**  
Including functional assessment e.g. shuttle walk test, 6MWT or sit-stand test to help determine prehab pathway\*\*

**Prehab**

### Universal Pathway

**Do NOT delay treatment for prehab**

Free gym membership/home ex. Programme (HEP)  
Nutritional advice/Wellbeing support  
Self-managed exercise prescription  
Weekly support aiming for 3x HIT

**Prehab**

### Targeted Pathway

**Consider a minimum of 9 HIT sessions / 3 weeks prehab prior to treatment**

Free gym membership/HEP  
Nutritional advice/wellbeing support  
Supervised exercise prescription  
3x weekly HIIT

**No Prehab**

**Not suitable for community prehab**

Refer back to hospital team  
Consider specialist prehab if available

**Treatment**

## July 2020

Request from Prehab4cancer steering group & patient representatives:

- To expand the prehab4cancer lung pathway to oncology patients.

## Recognise:

- Still need to be realistic within funding envelope
- Ensure a considered approach to patient selection
- Any concerns from oncology community:
  - Activity during treatment process
  - Communication between oncology team and P4C team

## Lung Prehab4cancer Sub-group

- Agreement to expand programme
- New pathway developed and agreed
- Consultation process with lung oncology team
- Strong support from patient representatives
- Recognition of the opportunity to provide real-life data in this developing field + greater need because of COVID-19



# Exercise Prescription

## Pre-Treatment

### Progressive/Continuous

- Steady State CV (40-70% Max Hr)
- Progressing intensity based on HR & RPE
- MSE combat sarcopenia
- 3x weekly sessions

### Re-HIIT

- Interval type exercise
- Work : Active Recovery (60-80+ Max Hr)
- RPE & HR monitoring
- MSE combat sarcopenia
- 3x weekly sessions

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## During treatment

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- No expectation or target number of sessions
- Patients receive support contact calls from specialists with advice and education around fatigue management
- Offer of supporting patient to maintain some level of activity
- Any pre prescribed programme is adjust for frequency, intensity & duration to accommodate treatment
- Constantly adaptived programming throughout treatment

## Rehab 12 weeks

### Post Treatment update

- Establish plan of action for commencing rehab with Post treatment Assessment

### Patient centred Rehab

- 12 week programme
- Prescribed exercise programme and supported sessions with specialist
- Progressive programme to help build patients functional capacity.
- Focus on patients aims and goals
- Motivational and behaviour change strategies used to build long-term adherence

# Exercise Prescription

The screening process during the assessment clinic determines the exercise format and prescription, taking into account associated comorbidities and potential risk factors

Re-HIIT

Progressive  
Continuous

Warm Up					
Exercise		Time	Speed	Level	RPE

CV Conditioning					

Training Session	Interval	Time (Min)			
		1	2-3	4-9	10-18
1					
2-3					
4-9					
10-18					

Component	Warm Up	Intervals & Low Intensity Recovery	Cool Down	Seconds
HR				
RPE				
Speed				
Level				
Notes				

Resistance				
Exercise	Sets	Reps	Weight (kg)	Notes

Cool Down				
Exercise	Time	Speed	Level	RPE

## Re-HIIT

- Interval type exercise
- Work : Active Recovery
- RPE & HR monitoring
- MSE combat sarcopenia
- 3x weekly sessions

## Progressive/Continuous

- Steady State CV
- Progressing intensity based on HR & RPE
- MSE combat sarcopenia
- 3x weekly sessions



# Remote Service Delivery (COVID)

Referrals continued throughout lockdown. Referral form updated to include Blood Pressure, Resting Heart Rate and O2 Sats



Patients contacted >48 hours from referral, telephone/video call initial assessment



- Personalised Home Exercise Pack sent via e-mail or post incl. resistance bands
- 2x a week tel/video call exercise sessions (Targeted 40%), 1x a week tel/video call exercise sessions (Universal 60%)
- Intervention videos available via YouTube, Live exercise session timetable, Digital Heart Rate Monitors (MyZone) supporting assessment + adherence
  - Over 500 patients have accessed remoteservice
  - 50:50 Prehab to Rehab

**\*\*\*Co-design to plan for safe return to face to face assessment clinics & exercise sessions\*\*\***



# Assessment Overview

Telephone or Video Calls



## Functional Capacity

*During remote delivery  
only STS*

- 1 Minute Sit to stand
- ISWT or 6 Min Walk
- Hand Grip Dynamometry

## Questionnaires

- EQ5D-5L
- IPAQ
- Self Efficacy Scale
- Rockwood Frailty
- WHODAS 2.0
- EORTCQLQ-C30

## Health checks

*Requesting from referrers during  
remote delivery*

- Blood pressure
- Height
- Weight
- Resting HR
- Oxygen stats
- PG-SGA

## HOME EXERCISE GUIDE

PATIENT NAME

Contact details for your Exercise Specialist

Name:

Mobile Number:

Email:



GM ACTIVE



04

07

## Cardiovascular

### CONDITIONING



#### Standing Marching

Cardiovascular Exercise

Improves health of heart & lungs

**Equipment Required:** Chair for support

**Description:** March on the spot, with arms pumping, for the advised amount of time. Alternate your steps. Use support if needed (have a chair in front of you)

Duration	Sets	Repetitions
Rate of Perceived Exertion Log		
Notes		



#### Side Steps

Cardiovascular Exercise

Improves health of heart & lungs

**Equipment Required:** Chair

**Description:** Stand tall with your feet shoulder width apart.

Take a comfortable step out to the side with one leg and then bring the other leg to meet it shoulder width apart. Repeat to the other side.

Duration	Sets	Repetitions
Rate of Perceived Exertion Log		
Notes		

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02

Rate of Perceived Exertion Scale		
10	V.Hard	Feels almost impossible to continue
9	Hard	Not able to maintain for long
8	Challenging	Breathing rate increases, Feel warmer
7		
6	Manageable	Becoming challenging but you can maintain this intensity. Slight increase in breathing
5		
4		
3		The exercise is causing no exertion & no increase in breathing rate
2	Very Easy	
1		

## Monitoring

### EXERCISE INTENSITY

Throughout your home exercise guide, you will notice a section titled "Rate of Perceived Exertion Log". The Rate of Perceived exertion or RPE, is simply how the exercise feels whilst you are performing it. In this section, please record a number that you feel represents the intensity of the exercise based on the prescription provided to you by your exercise specialist. "Record how difficult you thought the exercise was"

Monitoring your RPE (how you feel whilst you are exercising) is an essential tool for your exercise specialist to gauge your progress, so please make every effort to complete this section so that you can feedback the information to the specialist.

Please complete the RPE log with a value that corresponds to the table below.

If you have any trouble with the exercises then please record this in the notes section.

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04

07

12

21

## Upper Body

### EXERCISES



#### Bicep Curl

Bicep and brachialis strengthening exercise

Aids lifting and carrying ability

**Equipment Required:** Resistance Band / Dumbbell

**Description:** Anchor band under foot. Lift to shoulders, keep elbows tucked in, slowly return to the start & repeat

Duration	Sets	Repetitions
Rate of Perceived Exertion Log		
Notes		



#### Tricep Extensions

Deltoid strengthening exercise

Aids lifting ability

**Equipment Required:** Resistance Band

**Description:** Position your hands close together and in front of your chest with your elbows raised out to your sides. Slowly extend arms out to your sides. Keep the stretched band at chest level. Hold for 2-3 seconds and slowly return to start position

Duration	Sets	Repetitions
Rate of Perceived Exertion Log		
Notes		

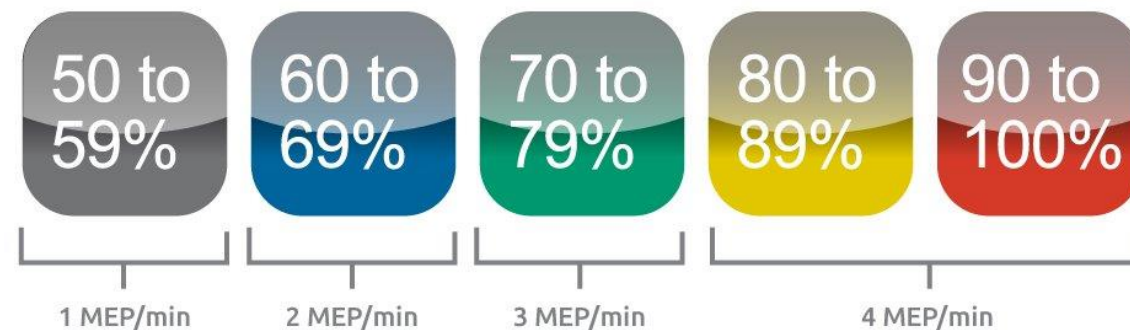
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The Myzone Live Display provides **instant effort feedback**.

Compete with friends and other club members by earning MEPs, and see real-time feedback using the easy-to-read Live Tile.



### MEPs (Myzone Effort Points)

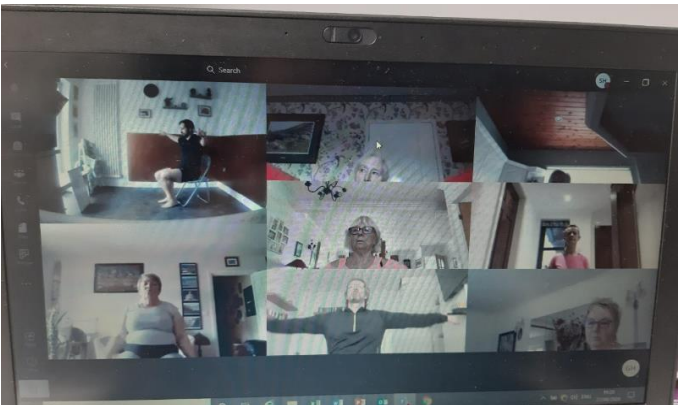
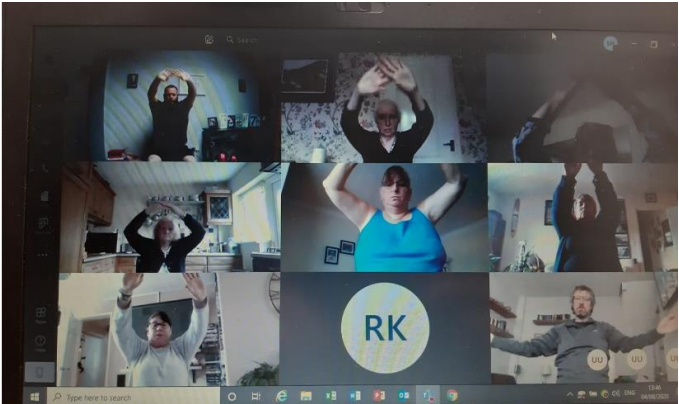
are a credible metric to measure intensity based physical activity.







# Online Live Classes



DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
SUNRISE		7-7:30am <u>Rise &amp; Shine</u> <u>Level 1-3</u>				
MORNING  All morning classes begin at 10:30-11:30am	<u>Gentle Circuit</u>  (Level 1-2 Class)  <u>Circuit Class</u>  (Level 2-3 class)		<u>Resistance Training Class</u>  (Level 1-3 Class)	<u>Strength &amp; Balance Class</u>  (Level 1-3 Class)	<u>Gentle Circuit</u>  (Level 1-2 Class)  <u>Circuit Class</u>  (Level 2-3 Class)	9:30am  <u>Work out of the day</u>  Level 1-3
AFTERNOON  All Afternoon classes begin at 1:30-2:15pm	<u>CORE Class</u>  (Level 2-3 Class)	<u>Seated Tai Chi</u>  (Level 1-3 Class)	<u>Cardio Blast</u>  (Level 2-3 Class)		<u>Stretch &amp; Flex</u>  (Level 2-3 Class)	
EVENING  6:30pm			<u>Circuit 4 All</u>  (Level 1-3 Class)			



# www.prehab4cancer.co.uk

Prehab4Cancer

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🔒 prehab4cancer.co.uk

📱 Apps

Coronavirus: Advice and support for everyone



  
in Greater Manchester



🏠

Coronavirus (COVID-19)

About Prehab4Cancer

Who is it for?

What's involved? ▾

Benefits

Success Stories

FAQ's

For Professionals ▾

Useful Support

News & Events

Contact Us

EXERCISE

NUTRITION

WELLBEING

**Prehab4Cancer and Recovery Programme is a free exercise, nutrition and wellbeing scheme in Greater Manchester**

Designed to help people with a recent diagnosis of cancer prepare for, and cope better with their treatment



And it's not only about the physical side, it's actually the psychological side as well.



# Prehab advice for non-eligible patients

Here are some exercises that are safe to try at home.

Try to complete them 3 times a week.

## Arm Curls

Stand or sit in a chair. With your arms by your sides with your palms facing forwards and bend your elbow. If you find this easy you could do the exercise holding a tin of food or water bottle or a weight to make it more difficult.



Aim to repeat this 5 times on each arm

## Arm Raises

Stand or sit in a chair. Lift both arms together, up above your head and then out in front of you. If you find this easy you could do the exercise holding a tin of food or water bottle to make it more difficult.



Aim to repeat this 5 times

## Sit to stand from a chair

Put your arms across your chest, stand up from the chair and then sit down again slowly. If you feel too unsteady doing this, then don't cross your arms and lightly use your arms to push up.



Aim to repeat this 5 times

## Mini Squats

In standing, hold onto the back of a chair or firm surface. Keep your feet hip width apart. Slowly bend your knees as far as you feel comfortable, keeping your back as straight as possible. Hold for 2 seconds and then straighten your knees, squeezing your bottom muscles and thigh muscles as you do.



Aim to repeat this 5 times

## Marching on the spot

Whilst standing is best, but you can complete this in sitting if you feel unsteady. March on the spot for 30 seconds. Rest for 30 seconds. If you find this easy, bring your knees up higher while you're marching.



Aim to repeat this 3 times

Once you are able to manage these exercises more easily, then you could gradually increase the number of times/the time you spend doing each of the exercises

*Please consult a healthcare professional involved in your care if you have any concerns regarding activities or exercises on this website. When undergoing chemotherapy, radiotherapy, surgery or any other treatment for cancer, you may be given specific advice on which activities you may or may not do when undergoing your treatment, and it is important to follow this advice.*



# Launched April 2019....

- Over 1000 patients referred in first year
- 80% participation rate
- 94% uptake rate from initial assessment
- 100% patients accessing service locally
- Participants are showing clinical significant improvement in fitness during prehab phase & improved recovery post-surgery. Nutritional status is maintained.
- Participants demonstrate improved confidence, motivation, sense of control & overall patient experience

\* anecdotal from HCPs across GM & through participant focus groups

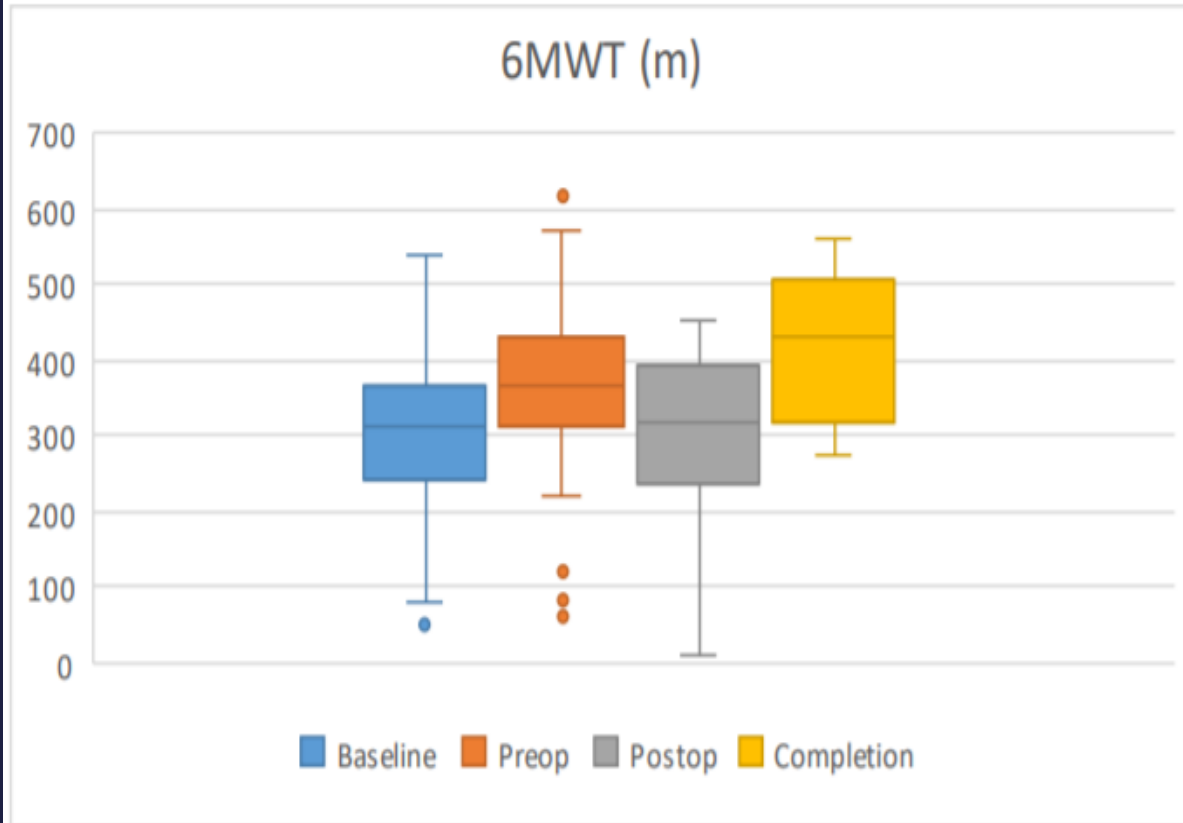


	Baseline	Pre-operative	Difference
<b>Physiological assessments</b>			
Weight (kg)	72.1 (60.0-83.9)	70.8 (60.6-82.0)	-1.3
BMI (kg/m <sup>2</sup> )	26.2 (22.8-29.3)	25.5 (22.8-28.7)	-0.7
Sit to Stand (reps/min)	19 (12-22)	22 (17-27)	+3 (improved LL strength)
Hand grip (kg)	22.7 (18.7-31.1)	23.2 (18.8-31.0)	+0.5 (improved UL strength)
6MWT (m)	310 (232-360)	365 (319-430)	+55 (stat. significance)
ISWT (m)	350 (260-440)	380 (290-490)	+30 (stat. significance)
<b>Survey assessments</b>			
WHODAS	5 (2-10)	3 (1-7)	
Self-efficacy scale for exercise	66 (49-77)	74 (63-81)	
EQ-5D and EORTC QLQ-C30 also collected			

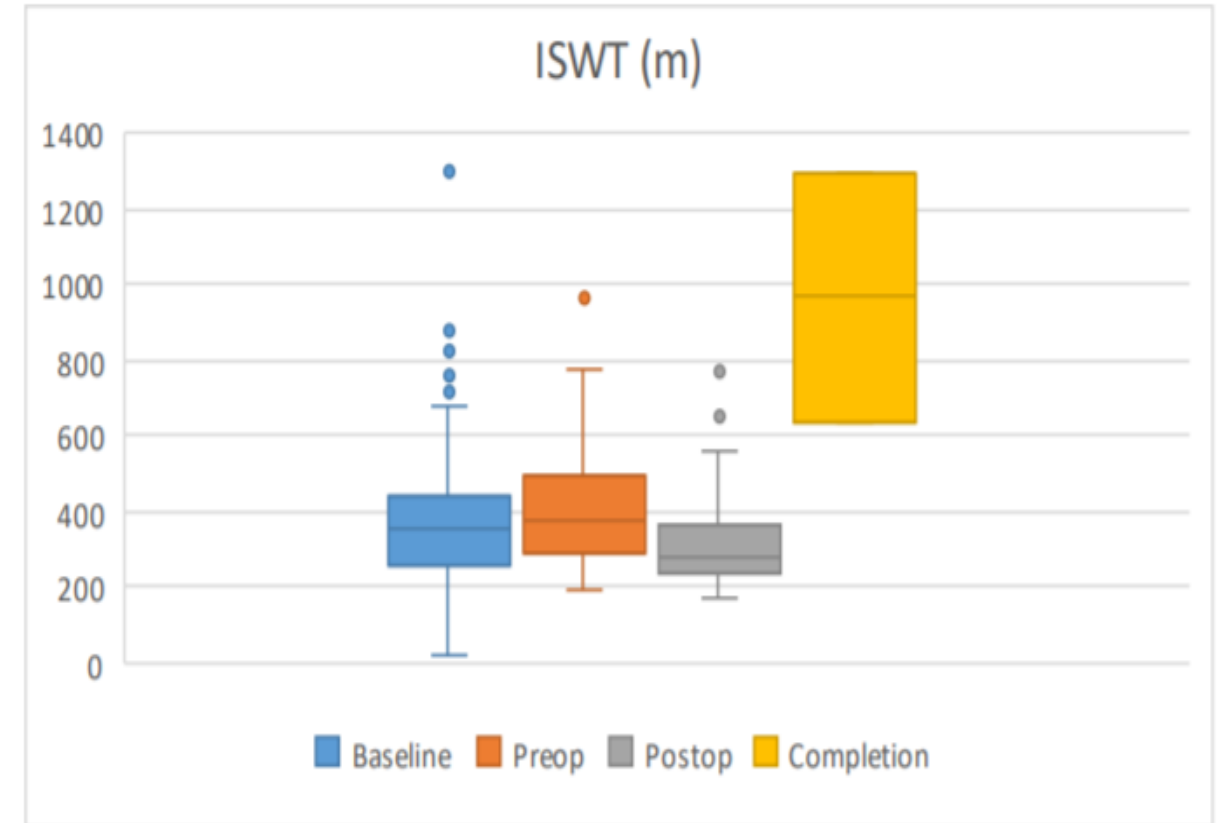


## LUNG COHORT OUTCOMES

# Physiological assessments (walk tests)



Six Minute Walk Test (6MWT) – frail, older patients or those contraindicated for the ISWT.



Incremental Shuttle Walk Test (ISWT) – standard ax. within lung pathway, bleep test

# Summary



- Prehab4cancer is a unique achievement & a national exemplar
  - **Whole-system prehabilitation & rehabilitation**
  - **Tackles Inequalities**
  - **Resilient (comprehensive leisure sector infrastructure)**
  - **Sustainable: blend of F2F & remote service delivery model**
  - **Value for money: leads to efficiency within the pathway – reduced time in hospital**
  - **Effective: proven excellent uptake, impact and patient experience**
  - **Real-world evidence**
- Whilst covid-19 has resulted in negative impacts in lung cancer, it also has presented opportunities for the P4C team
- Opportunity to extend the benefits of this programme to lung oncology patients & once again be a leader in this field



ER  
ESTER

clear

“When I first went I thought, what the bloody hell am I doing here, I must be mad”

“Having a diagnosis of a life threatening illness made me feel I had to do it”

“When I’ve been feeling really low I can concentrate on my wellbeing at the gym – made me feel better about myself”

“Surgeons said I had to get fitter and put weight on or I would be dead, so it was a no brainer!”

“Trainer gives us confidence”

“I’m better able to face surgery”

“The gym gave me a focus and I felt in control”

“I had no doubts about taking part, the trainer knew her stuff”

“I had to lose weight or they wouldn’t give me the operation”

“Tailoring the program to my needs important – giving me home exercises”

“Do it at your own pace”

“prehab better than expected”

“It was important the health centre was near to where I live”

“The advice was well balanced, including ‘don’t do too much!’”

“Going to the sessions gave me confidence and a purpose”

“It was great that there were 3 different gyms available for me to use”

“People in hospital at the same time as me who’d not been through the programme struggled to get out of bed”

“I see this as part of my treatment”

“I was very weak after the op – the trainer took it slowly”

“I was better able to cope with cancer and the treatment”

“How did you feel about coming back to the Rehab phase?”

“Prehab helped me to leave hospital early”

“How did you feel it went, what did you enjoy, was it better or worse than you expected, were you surprised and was there anything you didn’t like?”

“I was told we’re going to get you fitter to get you out of hospital quicker, that was all the motivation I needed”

“It’s had a positive impact on my post op complications”

“Gym can feel intimidating so went as a group the first time”

“Being part of the programme has made me think about my health”

“What would you say to someone else who was just starting on the programme?”

“Mentally it has done us really well. It gets you out of the house. Seeing the same people in the group was good for me”

“If it wasn’t for prehab I wouldn’t have been able to have the op – I failed the shuttle test”

“Do it – don’t be frightened”

“Has prehab helped you during and after treatment?”

“I feel stronger and have less fatigue”

“It’s helping me with my chemo – I come the day before I have chemo and I feel better”

“If you weren’t offered prehab would you have gone to the gym?”

“One person responded yes, the rest said no!”

“Getting the phone call from the trainer was important as I had enough appointments to go to.”

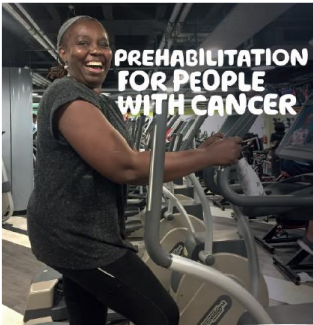
“I didn’t need any convincing to go once I’d been told about how it would impact my treatment and recovery”

ACKNOWLEDGEMENTS

NHS  
in Greater Manchester



York  
Middlesbrough  
Sheffield  
Scotland



Principles and guidance for prehabilitation within the management and support of people with cancer



TheAHSNNetwork

In partnership with  
NIHR Cancer Research Centres RCOA MACMILLAN CANCER SUPPORT RIGHT THERE WITH YOU





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